



Minutes

Date/ Time: 7/23/19; 9:30-11:00am

Meeting Title: Mental Health Subcommittee of the Community Services Board (CSB)

Items Provided: Agenda, 2019 NYC Health Department Clinic Workforce Survey Overview and Highlights

Subcommittee Attendees: Devon Bandison (phone), Warren Berke (phone), Tony Hannigan, Cheryle Hinds-Leslie (phone), Stephanie LeMelle (phone), Rachel Salomon

Department of Health and Mental Hygiene Attendees: Allison Baxter, Krista Becker, Stephanie Buhle, Marnie Davidoff, Mina Fasolo, Myla Harrison, Jessica Jeavons, Jacob Kraemer, Anastasia Roussos

Press Attendees: Amanda Eisenberg

1. Updates:

- There were no updates from the Subcommittee Members

2. Key Priorities Exercise: Workforce

- Subcommittee members discussed the Workforce Survey data presented in the meeting, including the areas of difference and overlap they see in their community/workplace and the role of the subcommittee in addressing the key issues discussed
- The results of the survey highlighted the following major take-aways:
 - Clinics reported that Child, Geriatric and Adult Psychiatrists, Nurse Practitioners and licensed clinical social workers (LCSWs) were the most difficult to recruit and retain.
 - The most frequently cited reasons for difficulty in recruiting for: Adult and Child Psychiatrists, Nurse Practitioners, and LCSWs. ‘Salary is not competitive’ and ‘Lack of candidate trained in this title and available to hire’ were most frequently selected as reasons for difficulty to recruit across these titles
 - The most frequently cited reasons for difficulty in retaining for: Adult and Child Psychiatrists, Nurse Practitioners, license master social workers (LMSWs) and LCSWs. ‘Salary is not competitive’ and ‘Size of caseload’ were frequently selected as reasons why these titles are difficult to retain.
- The subcommittee identified issue areas that attribute to the mental health system’s difficulty recruiting and retaining the mental health workforce:
 1. The leadership and management of clinics
 - a. Members noted that they have seen success among clinics that have been able to adopt a business model that incorporates the needs of behavioral health clients compared to a more traditional medical model that clinics still operate from
 - b. Members referenced examples of clinics that have been able to manage the high demand of services while maintaining realistic working environments for their clinicians. One example included creating an “on call” schedule each day where one

clinician is not fully scheduled and sees all walk-in and late clients, which created a structure that allowed clients to be seen regardless. This alleviated pressure on the primary clinicians to fit in extra cases or see late individuals while still allowing the clinic to accommodate clients who couldn't make it on time or needed to be seen unexpectedly.

Stakeholder suggestions and possible solutions:

- Advocate for a policy and procedure change that increases clinic efficiency at the State Office of Mental Health (OMH) level
2. Lack of full-time employment opportunities with full benefits
 - a. Subcommittee members noted that per-diem staff are often hired as a cost-savings measure for clinics, but it has led to an increase in turn-over, and lack of commitment to an agency for staff because they are seeking the benefits for full-time employment and are less committed to the clinic.
 - b. CSB members noted the root cause was related to reimbursement rates that are too low for an agency to cover fringe costs and other operating costs for an outpatient service; and mental health clinic reimbursement rates are not on parity with physical health reimbursements.

Stakeholder suggestions and possible solutions:

- Advocate for higher insurance reimbursement rates for Medicaid and other third-party insurance for mental health services at the state-level, from a parity perspective.
3. Lack of flexibility, diversity and creativity in daily job tasks
 - a. Subcommittee members noted that early clinicians have reported that they are leaving their jobs due to a lack of a diverse and creative set of daily activities they can do with their clients, such as art therapy, group and individual therapy opportunities and flexibility to provide services outside the clinic setting
 - b. It was reported that this is in part due in part to tight budgets, that contribute to rigid ways of seeing patients, supervise staff and operate clinics.
 - c. Agencies that have to contract with multiple managed care companies find that there are different rules and protocols for each of the plans, contributing to administrative burdens around reimbursement.

Stakeholder suggestions and possible solutions:

- Help clinics find more diverse/creative and flexible funding sources outside of third party and Medicaid billing
- Advocate at the state level for a change in the Medicaid reimbursement process. This could include advocating for all Managed Care companies to have a standardized application and reimbursement process and would

allow for billing to be less administratively burdensome and time consuming.

- Behavioral Health Coalition: The Coalition may collect data from Article 31 clinics on their funding profiles that could shed some light on this issue.
- The discussion identified the root cause of the above issues to be the discrepancy in reimbursement rates between mental health services and physical health services
 - Although there are policies in place around parity, there is nothing in parity laws that address the lower reimbursement rate for mental health services

Stakeholder suggestions and possible solutions:

- Collect additional data from providers and clients at the clinic level to demonstrate the difference in reimbursement rates to then advocate to the State Department of Health
- Discuss with elected officials
- Discussed the lack of upward mobility for the Peer workforce
 1. The subcommittee stated that they one of the biggest issues they hear from Peers is the lack of full-time, well-paid opportunity and advancement in their field, which has led to a lack of peers to recruit and retention difficulties throughout the mental health system.
- Stakeholder suggestions and possible solutions:
 - Collaborate with the NYC Health Department Peer Consortium to learn more from the data they collect and the issues the data highlights

3. Next Steps

- Subcommittee liaisons to the core CSB will bring these issue areas back to the core CSB when they meet in late August to discuss role the core CSB can play in finding and advocating for solutions.